

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037161

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 280 Primary Registration District No. 5961 Registrar's No. 68

FILED OCT 2 1963

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Leavenworth	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LEE TWP.		c. CITY OR TOWN Rural	
Length of stay in 1b 30 MIN.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway # 92		d. STREET ADDRESS RR 2 (If outside, give location)	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Adrian Richard Chinn			4. DATE OF DEATH Month 9 Day 21 Year 63		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-9-35	9. AGE (last birthday) 28	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Kitchen Helper		10b. KIND OF BUSINESS OR INDUSTRY School-College		11. BIRTHPLACE (City and state or country) Bartlesville, Okla.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Clinton B Chinn		13b. MOTHER'S MAIDEN NAME Beatrice Lockhart	
14. NAME OF HUSBAND OR WIFE Delores Chinn		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No		16. SOCIAL SECURITY NO. 6	
17. INFORMANT Kenneth Chinn		18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SKULL FRACTURE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) AUTO ACCIDENT DUE TO (c) AUTO ACCIDENT		INTERVAL BETWEEN ONSET AND DEATH INST.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE Accident	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 9 a.m. 21 p.m. 63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home; farm, factory, street, office bldg., etc.) State Highway 92		20f. CITY, TOWN, OR LOCATION LEE TWP.	
COUNTY Platte		STATE Mo	

21. I attended the deceased from _____ to _____ and last saw her him alive on _____ Death occurred at APPROX. 12:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Roland M. Giffey Coroner		22b. ADDRESS Platte City, Missouri		22c. DATE SIGNED 9-22-63 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-23-63		23c. NAME OF CEMETERY OR CREMATORY Mt Muncie Cemetery		23d. LOCATION (City, town, or county) Leavenworth, Kansas	
24. FUNERAL DIRECTOR Sexton Funeral Chapel		ADDRESS Leavenworth, Kansas		25. DATE RECD. BY LOCAL REG. 9.23.1963		26. REGISTRAR'S SIGNATURE Alphia Rollins	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
DATE AMENDED
10/8/30
28/150
3
4 0
5 1
6
7 1
8 2
9 X
10
11 083
12 91-3
13 150

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

OCT 25 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

London J. McDonald

Licensed Embalmer No. 2242 Kansas

P. O. Address Leavenworth, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.